

ANNUAL STATEMENT For the Year Ending December 31, 2013 OF THE CONDITION AND AFFAIRS OF THE

QCA Health Plan, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95448	Employer's ID Number	71-0794605
Organized under the Laws of	of	Arkansas	, State of Dor	micile or Port of Entry	A	rkansas
Country of Domicile	Uı	nited States of America				
Licensed as business type:		poration[] V	ision Service Corporation[]	Health Ma		ndemnity[]
Incorporated/Organized		04/08/1996	Comm	menced Business	07/31/19	996
Statutory Home Office						
Main Administrative Office		(Street and Number	,	,	ity or Town, State, Country and Zi	p Code)
Organized under the Law of Manages						
	(City or Town, St	ate, Country and Zip Code)			(Area Code) (Telephone No	umber)
Mail Address		, , , , , , , , , , , , , , , , , , ,		(0		n Code)
Primary Location of Books a	and Records	(Street and Number of 1.0	12615 C	henal Parkway, Suite 3		p code)
	l ittle Ri	nck AR 72211		(Street and Number)	(501)228-7111	
Internet Website Address		ate, Country and Zip Code)	e.com			umber)
Statutory Statement Contact	+	Randall Cro	w		(501)219-5109	
culture, culture, contac		(Name)			(Area Code)(Telephone Number)(Extension)
		<u> </u>			· /	
Betty o	Jo Tatum-Himes, Vice James Kr Joseph P Charles V Joseph M John P So	dent-Operations President - Sales & Mark DIF nox Hendren PhD atrick Searcy V. Smith M.D. aurice Elser M.D.	orthers OTHERS Richard Jon Foo RECTORS OR TRUST	Parker Armstrong M.D. Ise, Vice President - Ur PES Suford Joseph Suffridge ames Arden Tanner Marbara Garner William Raymond William Montg	e DDS, MS,PA D. D. s RN, PhD	ffairs
The officers of this reporting entity were the absolute property of the contained, annexed or referred to deductions therefrom for the perional differ; or, (2) that state rules of this atterview.	v being duly sworn, each d said reporting entity, free a , is a full and true statement and ended, and have been d or regulations require differ estation by the described of	and clear from any liens or cla nt of all the assets and liabiliti completed in accordance with rences in reporting not relate officers also includes the relate	nims thereon, except as herein stated, and es and of the condition and affairs of the se the NAIC Annual Statement Instructions and to accounting practices and procedures, ed corresponding electronic filing with the	If that this statement, togeth said reporting entity as of the and Accounting Practices a according to the best of the NAIC, when required, that	ner with related exhibits, schedule ne reporting period stated above, a and Procedures manual except to neir information, knowledge and be	s and explanations therein and of its income and the extent that: (1) state law elief, respectively.
Micha (F	el Edward Stock Printed Name) 1. President		Randall Alvin Crow (Printed Name) 2. Treasurer		Jennifer Gayle S (Printed Name 3. Secretary	
	n to before me this		. Is this an original filing?		,	

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)
Mark J. McGinnis Anthony Johnson

ASSETS

	ASS	LIO			
			Current Year		Prior Year
		1	2 Nonadmitted	3 Net Admitted Assets	4 Net Admitted
		Assets	Assets	(Cols.1-2)	Assets
1.	Bonds (Schedule D)	10,886,739		10,886,739	9,731,330
2.	Stocks (Schedule D)				
	2.1 Preferred stocks	1,500,000		1,500,000	1,500,000
	2.2 Common Stocks				
3.	Mortgage loans on real estate (Schedule B):	, ,			
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
''	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$9,095,456, Schedule E Part 1), cash equivalents				
٥.	(\$0, Schedule E Part 2) and short-term investments				
	(\$0, Schedule DA)	0.005.456		0.005.456	22 670 922
6	Contract loans (including \$0 premium notes)				
6.					
7.	Derivatives (Schedule DB)				E 600
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	30,592		30,592	48,526
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	971,519		971,519	521,812
	15.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (Including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	745.834		745.834	118.992
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon	91 //26		91 //26	91 //26
18.2	Net deferred tax asset				
19.					
1	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$174,375) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				660,870
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	31,126,079	173,356	30,952,723	39,094,684
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	Total (Lines 26 and 27)				
	ILS OF WRITE-INS		•		. ,
	rounding				
1102.	g				
1103.					
	Summary of remaining write-ins for Line 11 from overflow page				
1	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Premium Tax & CHIP receivable				
1					
	rounding				
2503.	Cummany of rampining write ing for Line 25 from avarilous page				
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				660,870

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1. C	Claims unpaid (less \$0 reinsurance ceded)				
2. A	Accrued medical incentive pool and bonus amounts				
3. L	Inpaid claims adjustment expenses	99,045		99,045	112,862
4. A	aggregate health policy reserves, including the liability of \$39,000 for medical loss				
	atio rebate per the Public Health Service Act	289,895		289,895	2,073,924
	sggregate life policy reserves	1			
	Property/casualty unearned premium reserves				
	ggregate health claim reserves				
	Premiums received in advance	1			
	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon (including \$0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
	on realized capital gains (losses))				
	let deferred tax liability				
	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others				
	Remittances and items not allocated				
	Borrowed money (including \$0 current) and interest thereon \$0				
,	including \$0 current)	1			
	Amounts due to parent, subsidiaries and affiliates				
	Derivatives				
	Payable for securities				
	Payable for securities lending				
	funds held under reinsurance treaties (with \$0 authorized reinsurers,				
\$	0 unauthorized reinsurers and \$0 certified reinsurers)				
	Reinsurance in unauthorized and certified (\$0) companies	1			
21. N	let adjustments in assets and liabilities due to foreign exchange rates				
22. L	iability for amounts held under uninsured plans	647,884		647,884	2,278,452
	aggregate write-ins for other liabilities (including \$0 current)				
24. T	OTAL Liabilities (Lines 1 to 23)	17,078,834	1,053,298	18,132,132	26,164,182
25. A	Aggregate write-ins for special surplus funds	X X X	X X X		
26. C	Common capital stock	X X X	X X X	2,454	2,454
27. F	Preferred capital stock	X X X	X X X	25,500,046	25,500,046
28.	Gross paid in and contributed surplus	X X X	X X X	2,000,000	
29. S	Surplus notes	X X X	X X X		
30. A	aggregate write-ins for other than special surplus funds	X X X	X X X		
31. L	Jnassigned funds (surplus)	X X X	X X X	(14,681,549)	(12,571,638)
32. L	ess treasury stock, at cost:				, ,
3	2.10 shares common (value included in Line 26 \$0)	X X X	X X X	360	360
3	2.20 shares preferred (value included in Line 27 \$	1			
	OTAL Capital and Surplus (Lines 25 to 31 minus Line 32)				
	OTAL Liabilities, Capital and Surplus (Lines 24 and 33)				
DETAILS	OF WRITE-INS				
	ounding	(1)		` '	
	CHIP Payable				
	Summary of remaining write-ins for Line 23 from overflow page				
	OTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		X X X	X X X		
	Summary of remaining write-ins for Line 25 from overflow page				
2599. T	OTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
		I			
	Summary of remaining write-ins for Line 30 from overflow page				
	OTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

STATEMENT OF REVENUE AND EXPENSES

I		Currer	t Year	Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	495,442	542,687
2.	Net premium income (including \$0 non-health premium income)	x x x	141,264,056	147,170,891
3.	Change in unearned premium reserves and reserve for rate credits	x x x		
	Fee-for-service (net of \$0 medical expenses)			
	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	x x x		
7.	Aggregate write-ins for other non-health revenues	x x x		
	TOTAL Revenues (Lines 2 to 7)			
	il and Medical:		, , , , , , , , , , , , , , , , , , , ,	, -,
-	Hospital/medical benefits	9.844.350	103.953.373	107.880.609
	Other professional services	, ,		
	Outside referrals			
	Emergency room and out-of-area			
	Prescription drugs	·		
	Aggregate write-ins for other hospital and medical			
	Incentive pool, withhold adjustments and bonus amounts			
	Subtotal (Lines 9 to 15)			
	Subtotal (Lines 9 to 15)	10,060,654	120,337,222	132,413,230
Less:	N. d		0.454.404	4 404 040
	Net reinsurance recoveries			
	TOTAL Hospital and Medical (Lines 16 minus 17)			
	Non-health claims (net)			
	Claims adjustment expenses, including \$3,723,641 cost containment expenses			
	General administrative expenses		16,606,725	15,382,328
	Increase in reserves for life and accident and health contracts (including \$0 increase in			
	reserves for life only)		, , ,	
	TOTAL Underwriting Deductions (Lines 18 through 22)			
	Net underwriting gain or (loss) (Lines 8 minus 23)			, ,
	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
	Net realized capital gains (losses) less capital gains tax of \$0		, ,	
27.	Net investment gains (losses) (Lines 25 plus 26)		250,592	394,398
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses		53,755	25,695
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)	x x x	(3,589,383)	(6,177,360)
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	(3,589,383)	(6,177,360)
DETAIL 0601.	S OF WRITE-INS	V V V		
0601.				
0603.		X X X		
	Summary of remaining write-ins for Line 6 from overflow page			
0701.	TOTALS (Lines 0001 tillough 0000 plus 0000) (Line 0 above)			
0702.		X X X		
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page			
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)			
1401.				
1 20 4 10 5				
1402. 1403.				
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page			
1403. 1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page			
1403. 1498. 1499. 2901.	Summary of remaining write-ins for Line 14 from overflow page			1
1403. 1498. 1499. 2901. 2902. 2903.	Summary of remaining write-ins for Line 14 from overflow page		53,755	1 25,694

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	12,930,502	18,819,075
34.	Net income or (loss) from Line 32	(3,589,383)	(6,177,360)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	1,128,665	416,893
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		(298,137)
39.	Change in nonadmitted assets	350,809	170,038
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	2,000,000	
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	(1)	(7)
48.	Net change in capital and surplus (Lines 34 to 47)	(109,910)	(5,888,573)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	12,820,592	12,930,502
DETAI 4701.	LS OF WRITE-INS Rounding	(4)	(7)
4701.	0	(1)	(1)
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(1)	(7)

CASH FLOW

	CASH FLOW	1 1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	138,460,951	147,217,758
2.	Net investment income	302,971	448,366
3.	Miscellaneous income	171,074	174,525
4.	Total (Lines 1 through 3)	138,934,996	147,840,649
5.	Benefit and loss related payments	126,349,362	130,396,923
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	24,484,075	20,606,837
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,128,665)	(416,893)
10.	Total (Lines 5 through 9)	149,704,772	150,586,867
11.	Net cash from operations (Line 4 minus Line 10)	(10,769,776)	(2,746,218)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	5,663,966	5,615,194
	12.2 Stocks	1,999,134	778,617
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		2
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,663,100	6,393,813
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	6,987,934	4,216,232
	13.2 Stocks	5,298,633	648,015
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	1,128,105	416,905
	13.7 Total investments acquired (Lines 13.1 to 13.6)	13,414,672	5,281,152
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(5,751,572)	1,112,661
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock	2,000,000	
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	(54,019)	(416,334)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,945,981	(416,334)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(14,575,367)	(2,049,891)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	23,670,823	25,720,714
	19.2 End of year (Line 18 plus Line 19.1)	9,095,456	23,670.823

Note: Supplemental	Disclosures	of Cach Flow	Information	for Non Cach	Transactions
Note. Supplemental	Disclusules	UI Gasii Fiuw	IIIIOIIIIauoii	IUI NUII•Gasii	Hansachons.

20.0001

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		'	Comprehensive		7		Federal	,			10
			(Hospital				Employees	Title	Title		
			(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
		Total	∝ Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
1	Net premium income	141.264.056	139.238.229	- ''		,	2 22 2 22 2			Пеанн	Non-nealth
1.	Net premium income	, . ,	, ,				, , , , , ,				
2.	Change in unearned premium reserves and reserve for rate credit.										
3.	Fee-for-service (net of \$0 medical expenses)										XXX
4.	Risk revenue										XXX
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues		XXX	X X X	X X X	XXX	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	141,264,056	139,238,229				2,025,827				
8.	Hospital/medical benefits	, ,	102,748,161				1,205,212				X X X
9.	Other professional services										X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area						26,481				X X X
12.	Prescription drugs		19,702,841				389,652				X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	126,337,222	124,715,877				1,621,345				X X X
16.	Net reinsurance recoveries		2,434,570				19,894				X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	123,882,758	122,281,307				1,601,451				X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$3,723,641 cost										
	containment expenses	6,518,243	6,424,002				94,241				
20.	General administrative expenses	16,606,725	16,365,727				240,998				
21.	Increase in reserves for accident and health contracts	(1,849,940)	(1,849,940)								x x x
22.	Increase in reserves for life contracts	,	X X X	x x x	x x x	l xxx	l x x x	X X X	x x x	x x x	l
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	145,157,786	143,221,096				1.936.690				
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)		(3,982,867)				89,137				
	LS OF WRITE-INS	(=,===,	(=,==,==,		1						
0501.					I						X X X
0502.											XXX
0502.											X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.	TOTALS (Lines 0501 tillough 0505 plus 0596) (Line 5 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	^ ^ ^
0601.			X X X	XXX	X X X	XXX	XXX	X X X	XXX	XXX	
0602.			X X X	XXX	X X X	X X X	X X X	X X X	XXX	XXX	
1	Summary of remaining write-ins for Line 6 from overflow page				X X X	X X X	X X X	X X X	X X X	X X X	
0698.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)										V V V
1301.											X X X
1302.											X X X
1303.	0										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

PART 1 - PREMIUMS

		1	2	3	4
					Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical)	140,669,678		1,431,449	139,238,229
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan	2,041,490		15,663	2,025,827
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	142,711,168		1,447,112	141,264,056
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	142,711,168		1,447,112	141,264,056

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
		Comprehensive (Hospital	Medicare	Dental	Vision	Federal Employees Health	Title XVIII	Title XIX	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
Payments during the year:										
1.1 Direct	, ,									
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct						i i			1	
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	13,286,997	13,147,203				139,794				
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year .	745,834	745,834								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	16,976,700	16,839,436				137,264				
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	16,976,700	16,839,436				137,264				
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	. 118,992	118,992								
12. Incurred benefits:										
12.1 Direct	126,337,221	124,824,901				1,512,320				
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	2,454,464	2,454,464								
12.4 Net	123,882,757	122,370,437								
13. Incurred medical incentive pools and bonuses										
/-> Fundament									1	

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

9

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
		Compre-				Federal				
		hensive				Employees	Title	Title		
		(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
Reported in Process of Adjustment:										
1.1 Direct	665,273	636,663				28,610				
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	665,273	636,663				28,610				
2. Incurred but Unreported:										
2.1 Direct	12,621,724	12,510,540				111,184				
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	13,286,997	13,147,203				139,794				
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net						139,794				

UNDERWRITING AND INVESTMENT EXHIBIT PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				Claim Reserv	e and Claim	5	6
		Clai	ms	Liability De	cember 31		
		Paid During	g the Year	of Curre	nt Year		
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical)	18,716,704	110,497,094	53,558	13,093,646	18,770,262	16,839,436
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Vision only Federal Employees Health Benefits Plan	37,881	1,486,108	475	139,319	38,356	137,264
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	18,754,585	111,983,202	54,033	13,232,965	18,808,618	16,976,700
10.	Healthcare receivables (a)	1,049,943	1,659,616		1,093,565	1,049,943	637,797
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	17,704,642	110,323,586	54,033	12,139,400	17,758,675	16,338,903

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

	GOOGIOTI / L' AIG HOGIGI									
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2009	2010	2011	2012	2013				
1.	Prior	6,510	6,551	6,519	6,519	6,519				
2.	2009	95,617	104,485	104,457	104,457	104,441				
3.	2010	X X X	113,677	126,852	126,765	126,765				
4.	2011	X X X	X X X	115,336	129,930	129,930				
5.	2012	X X X	X X X	X X X	114,348	131,947				
6.	2013	X X X	X X X	X X X	X X X	110,323				

Section B - Incurred Health Claims

	Gootion E	, illouillea lie	aitii Olaliilo				
		Sum of Cumulati	ve Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medic	al Incentive Pool	
	and Bonuses Outstanding at End of Year						
	Year in Which Losses	1	2	3	4	5	
	Were Incurred	2009	2010	2011	2012	2013	
1.	Prior	1,324	6,551	6,519	6,519	6,519	
2.	2009	107,265	104,445	104,457	104,457	104,441	
3.	2010	X X X	128,543	126,866	126,765	126,765	
4.	2011	X X X	X X X	130,356	129,973	129,930	
5.	2012	X X X	X X X	X X X	131,281	132,001	
6.	2013	X X X	X X X	X X X	X X X	123,556	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2009	126,741	104,441	4,306	4.123	108,747	85.803			108,747	85.803
2.	2010	149,979	126,765	4,726	3.729	131,491	87.673			131,491	87.673
3.	2011	148,996	129,930	5,197	4.000	135,127	90.691			135,127	90.691
4.	2012	148,867	131,947	5,717	4.333	137,664	92.475	54		137,719	92.511
5.	2013	129,116	110,323	3,161	2.866	113,484	87.893	13,233	99	126,816	98.219

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical

Section A - Paid Health Claims

	Occiton A - 1 and recalling								
			Cun	nulative Net Amounts	Paid				
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2009	2010	2011	2012	2013			
1.	Prior	6,510	6,551	6,519	6,519	6,519			
2.	2009	95,617	104,485	104,457	104,457	104,441			
3.	2010	X X X	113,092	126,203	126,116	126,116			
4.	2011	X X X	X X X	114,298	128,802	128,802			
5.	2012	X X X	X X X	XXX	112,945	130,536			
6.	2013	X X X	X X X	X X X	x x x	108,837			

Section B - Incurred Health Claims

	Occion E		aitii Oidiiiio				
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Poo						
and Bonuses Outstanding at End of Year							
	Year in Which Losses	1	2	3	4	5	
	Were Incurred	2009	2010	2011	2012	2013	
1.	Prior	1,324	6,551	6,519	6,519	6,519	
2.	2009	107,265	104,445	104,457	104,457	104,441	
3.	2010	X X X	127,916	126,217	126,116	126,116	
4.	2011	X X X	X X X	129,192	128,845	128,802	
5.	2012	X X X	X X X	X X X	129,741	130,590	
6.	2013	X X X	X X X	X X X	X X X	121,931	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2009	126,741	104,441	4,305	4.122	108,746	85.802			108,746	85.802
2.	2010	149,279	126,116	4,707	3.732	130,823	87.636			130,823	87.636
3.	2011	147,546	128,802	5,156	4.003	133,958	90.791			133,958	90.791
4.	2012	147,118	130,536	5,656	4.333	136,192	92.574	54		136,246	92.610
5.	2013	127,075	108,837	3,106	2.853	111,943	88.092	13,094	98	125,135	98.473

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental OnlyNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision OnlyNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision OnlyNONE

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Federal Employees Health Benefits Plan Premiums

Section A - Paid Health Claims

		71 1 414 11041	•							
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2009	2010	2011	2012	2013				
1.	Prior									
2.	2009									
3.	2010	X X X	585	649	649	649				
4.	2011	X X X	X X X	1,038	1,128	1,128				
5.	2012	X X X	X X X	X X X	1,403	1,411				
6.	2013	X X X	X X X	X X X	XXX	1,486				

Section B - Incurred Health Claims

		, illouiled lie	aitii Oidiiiio					
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Poo						
			and Bonu	ises Outstanding at Er	nd of Year			
	Year in Which Losses	1	2	3	4	5		
	Were Incurred	2009	2010	2011	2012	2013		
1.	Prior							
2.	2009							
3.	2010	X X X	627	649	649	649		
4.	2011	X X X	X X X	1,164	1,128	1,128		
5.	2012	X X X	X X X	X X X	1,540			
6.	2013	X X X	X X X	X X X	X X X	1,625		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2009					1				1	
2.	2010	700	649	20	3.060	669	95.551			669	95.551
3.	2011	1,450	1,128	40	3.558	1,168	80.561			1,168	80.561
4.	2012	1,749	1,411	61	4.298	1,472	84.142		1	1,473	84.199
5.	2013	2,041	1,486	56	3.746	1,542	75.535	139	1	1,682	82.394

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - OtherNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - OtherNONE

						_		_		
		1	2	3	4	5	6	/	8	9
			Compre-				Federal			
			hensive				Employees	Title	Title	
			(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	
		Total	Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other
1.	Unearned premium reserves									
2.	Additional policy reserves (a)									
3.	Reserve for future contingent benefits									
4.	Reserve for rate credits or experience rating refunds (including									
	\$0 for investment income)	39,000					39,000			
5.	Aggregate write-ins for other policy reserves									
6.	TOTALS (Gross)	289,895	250,895				39,000			
7.	Reinsurance ceded									
8.	TOTALS (Net) (Page 3, Line 4)						39.000			
9.	Present value of amounts not yet due on claims									
10.	Reserve for future contingent benefits									
11.	Aggregate write-ins for other claim reserves									
12.	TOTALS (Gross)									
13.	Reinsurance ceded						1			
14.	TOTALS (Net) (Page 3, Line 7)									
	LS OF WRITE-INS									
0501.	LO OF WINTE-INO									
0501.										
0502.										
	Commence of managining units in a fact in a 5 ferom annual and a second									
0598.	Summary of remaining write-ins for Line 5 from overflow page									
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)								1	
1101.										
1102.										
1103.										
1198.	Summary of remaining write-ins for Line 11 from overflow page									
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)									
(a) Inali	ides \$ 0 premium deficiency reserve									

⁽a) Includes \$.....0 premium deficiency reserve.

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustm	ent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$0 for occupancy of own building)					
2.	Salaries, wages and other benefits	3,173,479	942,743	6,720,504		10,836,726
3.	Commissions (less \$ 0 ceded plus \$ 0 assumed)			4,853,361		4,853,361
4.	Legal fees and expenses			264,336		264,336
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services	497,258	65,372	499,999		1,062,629
7.	Traveling expenses	17,286	7,165	67,475		91,926
8.	Marketing and advertising	1,852		512,605		514,457
9.	Postage, express and telephone					
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate					
17.	Collection and bank service charges					· · · · · · · · · · · · · · · · · · ·
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
-0.	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulatory authority licenses and fees					
	23.4 Payroll taxes	201 406	60 684	315 454		577 544
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	TOTAL Expenses Incurred (Lines 1 to 25)					
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year					
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus					
	30)	3,723,641	2,808,419	16,099,376	64,282	22,695,718
DFTAI	LS OF WRITE-INS	5,120,041	2,000,710	10,000,070	1	
2501.	Network Rental Fee	214,335				214,335
2502.	Miscellaneous			136,312		136,312
2502.	Donations			50,026		50,026
2598.	Summary of remaining write-ins for Line 25 from overflow page			175,030		175,030
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	214,335				575,703
2000.	101/10 (Lines 2001 tillough 2000 plus 2000) (Line 20 above)	2 17,000				

EXHIBIT OF NET INVESTMENT INCOME

	EXHIBIT OF NET INVESTMENT INCO	1	2
		Collected	Earned
		During Year	
1.	U.S. Government bonds	(a) 119.515	5 87,860
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)		122,362
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)	` '	
2.11	Preferred stocks of affiliates		
2.2	Common stocks (unaffiliated)	115.593	3115,593
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate		
5.	Contract loans	` '	
6.	Cash, cash equivalents and short-term investments		
7.	Derivative instruments	. ,	
8.	Other invested assets	1 ' '	
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		\ ' '
16.	Total deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16)		
	LS OF WRITE-INS		270,014
0901.	LO OF WRITE-ING		
0902.			
0902.			
0903.	Summary of remaining write-ins for Line 9 from overflow page		
0999.			
1501.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1503.	Commence of accessing with in fact in 47 from a really was		
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		
	ides \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for ides \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for		
c) Inclu	ides \$0 accrual of discount less \$0 amortization of premium and less \$	accrued interest on	purchases.
d) Inclu	ides \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encur	brances.	
(e) Inclu	ides \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	accrued interest on	purchases.
t) Inclu	ides \$0 accrual of discount less \$0 amortization of premium.	ral income tayon at	tributable to
	ides \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding fede egated and Separate Accounts.	iai ilicollie taxes, at	เกษนเสมเษ เป
	ides \$0 interest on surplus notes and \$0 interest on capital notes.		
	des \$0 depreciation on real estate and \$0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	LATIDIT O	OALITALO	AINO (LUSSI	_0,		
		1	2	3	4	5
				Total Realized		Change in
		Realized Gain		Capital Gain	Change in	Unrealized Foreign
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	(20,564)		(20,564)	(133,006)	
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	542		542	1,261,671	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(20,022)		(20,022)	1,128,665	
DET	AILS OF WRITE-INS					
0901						
0902						
0903						
0998	. Summary of remaining write-ins for Line 9 from overflow page					
0999	. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE QCA Health Plan, Inc.

EXHIBIT OF NONADMITTED ASSETS

			1	2	3
					Change in Total
			Current Year Total	Prior Year Total	Nonadmitted Assets
4	Danda	(O-11-1-D)	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.		(Schedule D)			
2.		(Schedule D):			
	2.1	Preferred stocks			
	2.2	Common stocks			
3.	-	age loans on real estate (Schedule B):			
	3.1	First liens			
	3.2	Other than first liens			
4.		state (Schedule A):			
	4.1	Properties occupied by the company			
	4.2	Properties held for the production of income			
	4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
	investr	nents (Schedule DA)			
6.	Contra	ct loans			
7.	Derivat	tives (Schedule DB)			
8.	Other i	nvested assets (Schedule BA)			
9.		rables for securities			
10.		ties lending reinvested collateral assets (Schedule DL)			
11.		gate write-ins for invested assets			
12.		als, cash and invested assets (Lines 1 to 11)			
13.		ants (for Title insurers only)			
14.		ed income due and accrued			
15.		um and considerations:			
10.	15.1	Uncollected premiums and agents' balances in the course of collection		5 360	5 360
	15.2	Deferred premiums, agents' balances and installments booked but deferred and		3,300	
	13.2	not yet due			
	15 2	•			
40	15.3	Accrued retrospective premiums			
16.	Reinsu				
	16.1	Amounts recoverable from reinsurers			
	16.2	Funds held by or deposited with reinsured companies			
	16.3	Other amounts receivable under reinsurance contracts			
17.		nts receivable relating to uninsured plans			
18.1		t federal and foreign income tax recoverable and interest thereon			
18.2		ferred tax asset			
19.		nty funds receivable or on deposit			
20.		onic data processing equipment and software			
21.	Furnitu	re and equipment, including health care delivery assets			
22.	Net ad	justment in assets and liabilities due to foreign exchange rates			
23.	Receiv	rables from parent, subsidiaries and affiliates			
24.	Health	care and other amounts receivable	173,356	518,805	345,449
25.	Aggreg	gate write-ins for other than invested assets			
26.		issets excluding Separate Accounts, Segregated Accounts and Protected Cell			
		nts (Lines 12 to 25)	173.356	524.165	350.809
27.		Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	Total (I	Lines 26 and 27)	173 356	524 165	350 809
		VRITE-INS		1	
1101.		HATE-INV		1	
1101.					
1102.					
1198.		ary of remaining write-ins for Line 11 from overflow page			
1199.		LS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	•	d Admin Contract			
2502.					
2503.					
2598.	Summa	ary of remaining write-ins for Line 25 from overflow page			
		LS (Lines 2501 through 2503 plus 2598) (Line 25 above)			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			Tota	al Members at En	d of		6
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations	93	94	110	94	82	1,178
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service					41,174	494,264
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL						495,442
DETAIL	LS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

QCA HEALTH PLAN, INC.

Notes to Financial Statements - Statutory Basis December 31, 2013 and 2012

(1) Summary of Significant Accounting Policies

The following is a summary of the significant accounting policies used in the preparation of the accompanying financial statements. Such policies are in conformity with the Annual Statement Instructions and the Accounting Practices and Procedures Manual of the National Association of Insurance Commissioners ("NAIC") and the accounting practices as prescribed or permitted by the Arkansas Insurance Department and are not intended to be a presentation in conformity with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents and Short Term Investments: The Company considers all cash accounts and all highly liquid debt instruments purchased with a maturity of one year or less to be cash or cash equivalents. Certificates of deposit with a maturity of more than one year are considered short term investments and are stated at cost. Certificates of deposit that have no maturity date, a maturity date of less than one year or that can be cashed in without penalty may also be considered as cash.

Premiums Receivable: The Company uses the allowance method of accounting for uncollectible receivables. Premiums receivable represent medical premium revenue that has been billed and recognized as revenue, but has not been collected.

Investment Securities: Bonds and other debt instruments for which the Company intends to hold to until they mature are classified as held to maturity and are stated at cost adjusted for amortization of premiums and accretion of discounts computed by the interest method. Stocks and bond funds which have no set maturity date are classified as available for sale and are stated at fair market value.

Medical Claims Payable: Reported claims expected to be paid after the balance sheet date for services provided to members prior to the balance sheet date are recorded as liabilities. Claims for services provided to members during the financial reporting period which are unreported at the balance sheet date are estimated based on the Company's claims experience and recorded as liabilities. The amounts recorded are based upon estimates of the ultimate net cost of such services provided. These reserves are subject to continuous review by management and changes in estimates are reflected in earnings currently.

Income Taxes: Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due.

Revenue: Medical premium revenue is recognized in the month in which members are entitled to receive health care services. Medical premiums collected in advance are recorded as unearned premium revenue.

Cost of Benefits Provided: Cost of benefits provided includes the costs of all medical services delivered to enrolled members of the Company and for whom the Company has recorded medical premium revenue during the reporting period. These costs include payments for specific medical services paid to physicians, hospitals, and other health care providers on a fee-for-service basis. Costs of benefits include claims paid, claims in process and pending, estimates of unreported claims and charges, and processing costs of those estimates at the end of the fiscal year for which the Company will be responsible.

Premium Tax: The state in which the Company does business requires the remittance of premium taxes based upon a percentage of billed premiums.

Advertising Costs: Advertising and promotions related expenses are charged to operations when incurred.

Non-Admitted Assets: Certain assets (principally pharmaceutical rebate receivables and deferred tax assets not expected to be realized within a 12 month period) designated as "non-admitted" are not included in the financial statements.

Accounting Estimates: The preparation of financial statements in conformity with the accounting practices described above requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

(2) Accounting Changes and Corrections of Erro
--

None.

(3) Business Combinations and Goodwill

None.

(4) <u>Discontinued Operations</u>

None.

(5) **Investments**

The carrying value and estimated market value of investments in securities classified as held to maturity as of December 31, 2013 and 2012 are as follows:

	2013							
	Gross	Gross	Estimated					
Carrying	Unrealized	Unrealized	Market					
Value	Gains	Losses	Value					
\$_4,155,217_	52,052	31,232	4,176,037					
\$ 4,155,217	52,052	31,232	4,176,037					
	Value \$ 4,155,217	Carrying Unrealized Value Gains \$ 4,155,217 52,052	Carrying Unrealized Unrealized Value Gains Losses \$ 4,155,217 52,052 31,232					

		2012					
	_		Gross	Gross	Estimated		
		Carrying	Unrealized	Unrealized	Market		
		Value	Gains	Losses	Value		
U.S. Government							
securities	\$	5,583,039	144,878	-	5,727,917		
Corporate bonds		1,012,477		787	1,013,264		
	\$	6,595,516	144,878	787	6,739,607		

Included in the amounts above, the Company holds a U.S. Government debt security that is restricted due to regulatory requirements, which matures in one to three years and is held to maturity. At December 31, 2013 and 2012, the aggregate fair value was \$623,331 and \$623,975, respectively.

The cost and estimated market value of investments in securities classified as available for sale as of December 31, 2013 and 2012 are as follows:

			201	3	
			Gross	Gross	
			Unrealized	Unrealized	Fair
		Cost	Gains	Losses	Value
Securities available for	or sale:				
Stocks	\$	5,527,237	1,440,618	27,231	6,940,624
Bond funds		6,782,226	19,434	70,140	6,731,520
	\$	12,309,463	1,460,052	97,371	13,672,144
	_				

		Gross	Gross	_
		Unrealized	Unrealized	Fair
	Cost	Gains	Losses	Value
: _				
\$	2,227,201	166,111	14,398	2,378,914
	3,053,517	84,764	2,466	3,135,815
\$	5,280,718	250,875	16,864	5,514,729
	- - \$ - - -	2,227,201 3,053,517	Gross Unrealized Cost Gains 2,227,201 3,053,517 84,764	Cost Unrealized Gains Unrealized Losses : \$ 2,227,201 166,111 14,398 3,053,517 \$ 84,764 2,466

The carrying value and estimated market value of held to maturity securities as of December 31, 2013, by contractual maturity, are shown below:

		Carrying	Market
	_	Value	Value
Matures in one year or less	\$	1,376,278	1,383,068
Matures in one to eight years	_	2,778,939	2,792,969
	\$	4,155,217	4,176,037

At December 31, 2013 and 2012, there were no securities that have been in a continuous loss position.

(6) Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of its admitted assets.

(7) <u>Investment Income</u>

The Company's investment income was earned on cash and cash equivalents, bonds, and stocks and no investment income was excluded from surplus for the years ended December 31, 2013 and 2012.

(8) Derivative Instruments

None.

(9) Income Taxes

The Company's net deferred tax asset account was comprised of the following as of December 31, 2013 and 2012:

	 2013	2012
Deferred tax assets	\$ -	-
Valuation allowance	-	_
	\$ _	-

The Company has available as of December 31, 2013 unused operating loss carryforwards that may be applied against future taxable income and that expire as follows:

	Unused	
	Operating Loss	
Year of Expiration	Carryforwards	
2031	\$ 4,409,593	
2032	6,498,427	
2033	4,506,203	
	\$ 15,414,223	

The provision for income taxes in the financial statements differs from the amount determined by applying the statutory Federal income rate to earnings before income taxes.

The reconciling items and amounts as of December 31, 2013 and 2012 are as follows:

	 2013	2012
Expected income tax expense	\$ -	-
Benefit from net operating loss carryforwards	 	
	\$ -	-

(10) Information Concerning Parent, Subsidiaries and Affiliates

The Company is party to a service agreement with an affiliate whereby the affiliate provides a full range of administrative, managerial and technological services. The Company paid this affiliate \$18,791,017 and \$20,684,790 during 2013 and 2012, respectively, for these services.

Under the provisions of various provider contracts, the Company paid \$36,678,717 and \$47,561,211 to hospitals owned by or affiliated with stockholders during 2013 and 2012, respectively.

Administrative fee revenue in the amount of \$1,970,090 and \$7,687,783 was received from hospitals owned or affiliated with stockholders during 2013 and 2012, respectively, that relates to the administrative services only (ASO) line of business.

The Company was due \$0 and \$206,666 from a stockholder as of December 31, 2013 and 2012, respectively. The balance relates to an agreement between the Company and QualChoice of Arkansas, Inc. ("QualChoice"), for professional services from a network of physicians, in which qualifying fee-for-service medical charges are withheld by QualChoice and remitted to the Company. The Company was due \$75,000 from an affiliate, QualChoice Life and Health Insurance Company as of December 31, 2013.

The Company owed \$106,919 and \$399,264 to stockholders and affilates as of December 31, 2013 and 2012, respectively, for general expenses paid on behalf of the Company.

The Company entered into an agreement with QualChoice in November 2001, whereby the Company assumed the groups QualChoice managed under a third party administrator agreement on January 1, 2002, on behalf of employers which sponsor health benefit plans for employees. The Company assumed the obligations to perform such duties under the existing contracts with QualChoice, and in exchange for receiving these groups.

QualChoice Holdings, Inc. was issued a Certificate of Incorporation as a for-profit corporation August 17, 2010. It was established for the purpose of owning the stock of QCA Health Plan, Inc. and QualChoice Life and Health Insurance Company, Inc. On November 29, 2010, 100% of the stock of both companies was transferred to QualChoice Holdings, Inc. QualChoice Holdings, Inc. now owns 100% of the outstanding stock of QCA Health Plan, Inc.

(11) <u>Debt</u>

There were no surplus notes, debentures, or loans in 2012 or 2011.

(12) <u>Retirement Plans, Deferred Compensation and Other Postretirement Benefit and</u> Compensated Absences and Other Postretirement Benefit Plans

The Company has an employee 401(k) plan covering all full-time employees of the Company who have completed three months of employment and choose to participate. The Company contributes an amount equal to 3% of the employee's salary. Contributions to the plan during 2013 and 2012 totaled \$263,157 and \$296,664, respectively.

(13) <u>Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations</u>

The Company has 50,000 shares of \$.10 per share par value common stock authorized and 20,935 shares outstanding, exclusive of 3,600 shares held as treasury stock. On December 31, 2012 the Company had 11,295 shares outstanding, exclusive of 3,600 shares held as treasury stock. The Company has 25,500.046 shares of \$1,000 par value preferred stock outstanding. The Company does not intend to pay dividends on its common or preferred stock in the foreseeable future.

The Company's preferred stock structure is as follows as of December 31:

	2013	2012
Series A, \$1,000 par value; 5% noncumulative, nonvoting; convertible into 4,732 shares of nonvoting common stock; 2,868 shares authorized and issued.		2,868,000
Series B, \$1,000 par value; 5% noncumulative, nonvoting; convertible into 16,833 shares of nonvoting common stock; 9,342.808 shares authorized and issued.	•	9,342,808
Series C, \$1,000 par value; 2% noncumulative, nonvoting, nonconvertible; 5,000 shares authorized and issued.		5,000,000
Series D, \$1,000 par value; noncumulative, nonvoting, nonconvertible; 8,289.238 shares authorized and issued.	8,289,238 \$ 25,500,046	8,289,238 25,500,046

In the event of any voluntary or involuntary liquidation, dissolution, or winding up of the affairs of the Company the holders of the preferred stock shall be entitled to share ratably in any assets of the Company available for distribution to the Company's stockholders. The amount will be equal to the greater of (a) \$1,000 per share of preferred stock, subject to appropriate adjustment in the event of any stock dividend, stock split, combination or other similar recapitalization, plus all declared, approved, but unpaid dividends through such distribution payment date or (b) the amount per share such shareholder would receive if such shareholder converted such shares of preferred stock into common stock in accordance with the conversion factor set out in the "Statement of Preferences and Terms of Preferred Stock" immediately prior to such liquidation, dissolution, or winding up of the affairs of the Company. Any payments or distributions to the preferred stockholders shall be made before any such payments or distributions shall be made to common stockholders.

(14) Contingencies

The Company is a defendant in general litigation as of December 31, 2013, in the ordinary course of business. The Company's management believes, however, that any liability it may incur as a result of this litigation would not have a material or adverse

effect on the financial statements and, accordingly, no contingencies have been recorded.

The Company is subject to various regulatory requirements, including maintenance of minimum capital and surplus. At December 31, 2012, the Company is in compliance with requirements established by the Arkansas Insurance Department. The Company is required to maintain restricted investments in the minimum maturity amount of \$625,000.

(15) <u>Leases</u>

None.

(16) <u>Information About Financial Instruments With Off Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk</u>

None.

(17) <u>Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities</u>

None.

(18) Gain or Loss To The Reporting Entity From Uninsured A&H Plans and The Uninsured Portion of Partially Insured Plans

During 2013 and 2012, the Company had administrative services only contracts and minimum premium contracts, for which the employer retained all health care service risk, while the Company assumed administrative risk. The Company recorded administrative fee revenues of approximately \$75,056,568 and \$7,926,831 for 2013 and 2012, respectively. The amounts are not recorded as revenue in this statutory statement, but rather as a reduction in operating expenses. The loss associated with this line of business was (\$140,927) in 2013, and the associated profit was \$20,706 for 2012. The Company has no Medicare or similarly structured cost based reimbursement contracts.

(19) <u>Direct Premium Written/Produced By Managing General Agents/Third Party Administrators</u>

None

(20) Fair Value Measurements

Under FASB ASC 820-10, three prioritized valuation inputs may be used to determine fair value at the measurement date: Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2 – observable inputs other than the quoted prices included in Level 1; Level 3 – unobservable inputs. There have been no changes in valuation methodologies during the periods under audit, therefore no recognition of gain or loss is required for these financial statements.

The following table sets forth by level, within the fair value hierarchy, the Company's assets held for investment purposes at fair value as of December 31, 2013 and 2012:

December 31, 2013			Fair Value Measurements at Reporting Date					
	_	Fair Value		Level 1 Level 2			Level 3	
Investments			- '-					
Stocks	\$	7,498,849	\$	7,498,849	\$	-	\$	-
Bond funds	_	6,173,295	_	6,173,295		-		-
	\$	13,672,144	\$	13,672,144	\$	-	\$	-

December 31, 2012			Fair Value Measurements at Reporting Date					
	_	Fair Value	_	Level 1		Level 2		Level 3
Investments	-							_
Stocks	\$	2,378,914	\$	2,378,914	\$	-	\$	-
Bond funds		3,135,815		3,135,815		-		-
	\$	5,514,729	\$	5,514,729	\$	-	\$	-

(21) Other Items

None.

(22) Events Subsequent

Subsequent events have been considered through February 27, 2013, the date which the financial statements were filed.

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$1,462,734. This assessment is expected to impact risk based capital by 11%.

(23) Reinsurance

The Company is covered under a medical reinsurance agreement effective October 1, 2013 through September 30, 2014, that provides annual coverage for eligible in-area and out of area hospital services of 90% in excess of \$500,000 per member for group coverage and \$275,000 for Individual coverage. The policy covers medical services and pharmaceuticals including inpatient and outpatient hospital, sub-acute facility services, skilled nursing facility and rehabilitation facility services, hospice services, home health agency services, outpatient facility services, and other professional services. Physician services are not covered. Certain covered services have per unit or annual coverage limits. Each insured member's coverage is limited to \$10,000,000 in the contract year.

The reinsurance agreement contains a provision through which the Company may receive an experience refund equal to 40% of a realized gain in a contract year. A realized gain is defined as the amount by which the actual claims against the policy filed by the Company are less than 68% of total policy premiums for the contract year. The policy must be renewed in a subsequent contract year for the Company to receive a prior year's experience refund. At December 31, 2013 the Company recorded \$745,8340 receivable for experience refund related to the contract year that began

October 1, 2013. As of December 31, 2012 the Company recorded a receivable of \$118,992 for the contract year began September 30, 2012.

The Company has no return commission, which would have been due if the Company had cancelled the reinsurance. The Company has no retroactive reinsurance agreements. The reinsurance does not have retroactive termination arrangement clause.

(24) Retrospectively Rated Contracts & Contracts Subject To Redetermination

None.

(25) Change In Incurred Claims and Claim Adjustment Expenses

None.

(26) Intercompany Pooling Arrangements

None.

(27) Structured Settlements

None.

(28) Health Care Receivables

The Company experienced the following activity associated with the pharmaceutical rebate receivables by quarter for the previous three years from December 31, 2013:

For 2013
Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Confirmed	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2013	347,731	0			
9/30/2013	350,749	194,237	194,237		
6/30/2013	358,302	416,370	222,133	194,237	0
3/31/2013	412,586	469,863	247,730	222,133	0
12/31/2012	518,806	439,140	191,410	247,730	0
9/30/2012	677,928	461,070	269,660	191,410	0
6/30/2012	698,389	538,781	269,121	269,660	0
3/31/2012	648,106	618,473	349,323	269,121	29
12/31/2011	693,330	731,150	381,827	349,323	0
9/30/2011	742,256	914,543	532,449	381,827	267
6/30/2011	1,048,096	1,168,164	635,715	532,449	0
3/31/2011	597,315	915,314	158,442	635,715	121,157

(29) Participating Policies

None.

(30) Premium Deficiency Reserves

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE QCA Health Plan, Inc.

Notes to Financial Statements

At December 31, 2012 the Company carried a liability for premium deficiency reserves \$1,849,940. As of December 31, 2013 no premium deficiency reserve was required or carried.

(31)	Anticipated	Salvage	and	Subroga	<u>ation</u>

None.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

	which is an insurer? If yes, complete S If yes, did the report	chedule Y, Parts 1, 1A and ing entity register and file	ce Holding Company System cons d 2. with its domiciliary State Insurance e principal insurer in the Holding Co	Commissioner, Di	rector or Superint	endent or with such	Yes[] No[X]		
1.3	disclosure substanti Insurance Holding C	ally similar to the standard Company System Regulato	s adopted by the National Associa ory Act and model regulations perta intially similar to those required by	tion of Insurance C ining thereto, or is	Commissioners (N the reporting enti	AIC) in its Model	Yes[] No[] N/A[X]		
	Has any change beer reporting entity? If yes, date of change	• ,	f this statement in the charter, by-la	ws, articles of inco	orporation, or dee	d of settlement of the	Yes[] No[X]		
3.23.33.4	 State as of what date the latest financial examination of the reporting entity was made or is being made. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). By what department or departments? Arkansas Department of Insurance Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? 								
3.6	statement filed with Have all of the recor	departments? mmendations within the lat	test financial examination report be	en complied with?			Yes[] No[] N/A[X] Yes[] No[] N/A[X]		
4.2	combination thereof control a substantial 4.11 sales of new bu 4.12 renewals? During the period co	under common control (of part (more than 20 percer usiness? overed by this statement, d dit or commissions for or co	id any agent, broker, sales represe ther than salaried employees of the nt of any major line of business me id any sales/service organization o ontrol a substantial part (more thar	reporting entity) r asured on direct p wned in whole or i	eceive credit or co remiums) of: In part by the repo	ommissions for or o	Yes[] No[X] Yes[] No[X] Yes[] No[X]		
	4.22 renewals?						Yes[] No[X]		
5.2	If yes, provide the na	ame of the entity, NAIC co result of the merger or co	ger or consolidation during the peri mpany code, and state of domicile nsolidation.	(use two letter sta	te abbreviation) fo	or any entity that has	Yes[] No[X]		
		Na	1 me of Entity	2 NAIC Comp	any Code	3 State of Domicile			
		Iva		NAIO COMP		Otate of Domicile			
	Has the reporting er suspended or revok If yes, give full inforr	ed by any governmental e	f Authority, licenses or registrations ntity during the reporting period?	including corpora	ate registration, if	applicable)	Yes[] No[X]		
7.2	If yes, 7.21 State the perce 7.22 State the nation	entage of foreign control nality(s) of the foreign pers	or entity directly or indirectly contro con(s) or entity(s); or if the entity is atity(s) (e.g., individual, corporation	a mutual or recipro	ocal, the nationalit	y of its manager or	Yes[] No[X]0.000%		
			1		2				
			Nationality		Type of E	Entity			
8.2 8.3	If response to 8.1 is ls the company affil If response to 8.3 is financial regulatory	s yes, please identify the naited with one or more bar yes, please provide the naservices agency [i.e., the F	g company regulated by the Federa ame of the bank holding company. nks, thrifts or securities firms? ames and location (city and state of federal Reserve Board (FRB), the securities Exchange Commission	f the main office) o	troller of the Curre	ency (OCC), the Federal	Yes[] No[X] Yes[] No[X]		
		1	2	3	4	5	6		
		Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC		
				. Yes[] No[X]	Yes[] No[X]	Yes[] No[X] Ye	es[] No[X]		

- 400 West Capitol, Suite 1624 Little Rock, Arkansas 72201 Rasco, Winter, Abston, Moore & Assoc.
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

law or regulation?
10.2 If response to 10.1 is "yes," provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?
10.4 If response to 10.3 is "yes," provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?
10.6 If the response to 10.5 is "NO" or "N/A" please explain:

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Ed Goral employee of QCA Health Plan, Inc. 12615 Chenal Parkway, Suite 300 Little Rock, Arkansas 7 Little Rock, Arkansas 72211

27

Yes[] No[X]

Yes[] No[X] Yes[X] No[] N/A[]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE QCA Health Plan, Inc. 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[] No[X] 12.11 Name of real estate holding company 12.12 Number of parcels involved 12.13 Total book/adjusted carrying value 0 12.2 If yes, provide explanation FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
13.3 Have there been any changes made to any of the trust indentures during the year? Yes[] No[] N/A[X] Yes[] No[] N/A[X] 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional Yes[X] No[] relationships: Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes[] No[X] 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X] 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes[] No[X] 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. 2 3 4 American Bankers Association (ABA) Issuing or Confirming Routing Circumstances That Can Number Bank Name Trigger the Letter of Credit Amount 15.2001 **BOARD OF DIRECTORS** 16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee Yes[] No[X] thereof? 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees Yes[X] No[] thereof? 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[] **FINANCIAL** 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[] No[X] 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal only)
20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal only) 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others Yes[] No[X] .23 Leased from others 21.24 Other 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? 22.2 If answer is yes: Yes[] No[X] 22.21 Amount paid as losses or risk adjustment 22.22 Amount paid as expenses 22.23 Other amounts paid 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: Yes[X] No[] \$.....75,000 INVESTMENT 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) Yes[] No[X]

24.06 If answer to 24.04 is no, report amount of collateral for other programs

If answer to 24.04 is yes, report amount of collateral for conforming programs.

Instructions?

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of 24.07 the contract?

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

24.10	securities lend For the reporti 24.101 Total fa 24.102 Total b	rting entity or the reporti ing? ng entity's security lendi air value of reinvested co ook/adjusted carrying va ayable for securities len	ng program, state the a ollateral assets reported alue of reinvested colla	amount of the followi d on Schedule DL, F teral assets reported	ng as of Dece Parts 1 and 2.	mber 31 of the o	current year:	to conduct	Yes[] No[] N/A[X] \$
25.2 If 25.2 If 25.2 25 25.25 25.25 25.25 25.25 25.25 25.25 25.25	ontrol of the re pree? (Exclude yes, state the 5.21 Subject 5.22 Subject 5.23 Subject 5.24 Subject 5.25 Pledged 5.26 Placed of 5.27 Letter st 5.28 On depo 5.29 Other	e stocks, bonds or other porting entity, or has the securities subject to Int amount thereof at Dece to repurchase agreement to reverse repurchase agrounder repurchase agrounder option agreements ock or securities restrict posit with state or other respectively.	e reporting entity sold of errogatory 21.1 and 24 mber 31 of the current of the c	r transferred any ass .03).	ember 31 of the sets subject to	ne current year r a put option cor	not exclusively undentract that is curren	er the tly in	Yes[] No[X] \$
		1 Nature of Re	striction			2 Descriptio	n		3 Amount
26.2 If	yes, has a coi	ing entity have any hedg mprehensive description escription with this stater	of the hedging prograi	ted on Schedule DB' m been made availa	? ble to the dom	iciliary state?			Yes[] No[X] Yes[] No[] N/A[X]
is	suer, convertil	rred stocks or bonds ow ole into equity? amount thereof at Dece		·	mandatorily co	onvertible into e	quity, or, at the opti	on of the	Yes[] No[X]
of cu O	fices, vaults or ustodial agreen utsourcing of 0	in Schedule E - Part 3 - safety deposit boxes, we nent with a qualified ban critical Functions, Custon to that comply with the research	rere all stocks, bonds a lk or trust company in a dial or Safekeeping Agi	and other securities, accordance with Securements of the NAI	owned through tion I, III - Gen C Financial Co	nout the current eral Examination andition Examine	year held pursuant n Considerations, I ers Handbook?	to a	Yes[X] No[]
		Nama	1			0	2	_	
		set Management Bank Trust				ce Dr. Ste. 100,	Little Rock, AR K, AR		
		ents that do not comply complete explanation:	with the requirements	of the NAIC Financia	al Condition Ex	kaminers Handb	ook, provide the na	ame,	
		1			2		3		
		Name	e(s)	Locat	tion(s)		Complete Explar	nation(s)	
28.03 28.04	Have there be If yes, give full	en any changes, includi and complete information	ng name changes, in th on relating thereto:	ne custodian(s) ident	tified in 28.01 o	during the currer	nt year?		Yes[] No[X]
		1			2		3		4
		Old Custodian		New	Custodian		Date of Change	Re	eason
		estment advisors, broker les and have authority to				that have acces	s to the investmen	t accounts,	
	06:-	1		2			3		
		tral Registration sitory Number(s)		Name			Addre	ess	
			Dennis Whitaker Alan Tedford				Dr. Ste. 100 Little eet, Little Rock, AR		
29.1 D	oes the report	ing entity have any dive	rsified mutual funds rep	ported in Schedule D), Part 2 (diver	sified according	to the Securities a	nd	Vaci i NaiVi

Exchange Commission (SEC) in the Inve 29.2 If yes, complete the following schedule:

Yes[] No[X]

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
20 2000 Total		

 $29.3\;$ For each mutual fund listed in the table above, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1	2	3	4
		Amount of	
		Mutual Fund's	
		Book/Adjusted	
		Carrying Value	
Name of Mutual Fund	Name of Significant Holding	Attributable to	Date of
(from above table)	of the Mutual Fund	the Holding	Valuation

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
				Excess of
				Statement over
				Fair Value (-),
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
30.1	Bonds	10,886,739	10,907,559	20,820
30.2	Preferred stocks	1,500,000	1,500,000	
30.3	Totals	12,386,739	12,407,559	20,820

30.4	Describe the sources or methods utilized in determining the fair values
	Provided by bank statements/Trust Company reporting

Yes[X] No[]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[] No[X] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? 32.2 If no, list exceptions:

Yes[X] No[]

OTHER

\$..... 38,800

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
AM Best	38,800

34.1 Amount of payments for legal expenses, if any?

\$.....264,336

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Baker & Hostetler LLP	

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? 35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

\$.....0

1	2
Name	Amount Paid

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 1.2	Does the report	ting entity	/ have any direct Medicare Supplement Insurance in force?		\$	Yes[] No[X]
 1.2 If yes, indicate premium earned on U.S. business only: 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? 1.31 Reason for excluding: 					\$	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. 1.5 Indicate total incurred claims on all Medicare Supplement insurance.						0
	1.61 Total pren	nium ear	t current three years:			0
	1.62 Total incu 1.63 Number o	of covered	d lives			0
	1.64 Total pred 1.65 Total incu	nium ear	urrent three years: ned		\$	0
	1.66 Number o	of covered	ns d lives irrent three years:		\$	0
	1.71 Total pren 1.72 Total incu	nium ear	ned		\$ \$	0
	1.73 Number of All years prior to	of covered to most cu	d lives urrent three years:			0
	1.74 Total pren 1.75 Total incu	nium ear rred clair	ned ns		\$	0
•	1.76 Number o	of covered	d lives			0
2.	Health Test					
				1	2	
		2.1	Premium Numerator	Current Year 141,264,056	Prior Year147,170,891	
		2.2	Premium Denominator	141,264,056	147,170,891	
		2.3	Premium Ratio (2.1 / 2.2) Reserve Numerator			
		2.5	Reserve Denominator			
		2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000	
3 1	Has the reportir	na entity	received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed	will be returned when	as and if	
	the earnings of	the repor	rting entity permits?	will be returned when,	as and ii	Yes[] No[X]
	, , , ,		ments stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers	and denandents heen f	iled with	
	the appropriate	regulato	ry agency? nish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offere			Yes[X] No[] es[] No[X] N/A[]
			/ have stop-loss reinsurance?	.		Yes[X] No[]
5.2	If no, explain:		see instructions):			. 00[/ 1/ 1/0[]
	5.31 Comprehe 5.32 Medical C	ensive M			\$ \$	1,450,000 0
	5.33 Medicare 5.34 Dental & \	Súpplem	nent		\$	0
	5.35 Other Lim 5.36 Other		efit Plan		\$	0
6		nomont u	hich the reporting entity may have to protect subscribers and their dependents against the risk of insolv	voney including hold ha		
0.	provisions, con	version p	rivileges with other carriers, agreements with providers to continue rendering services, and any other a e hold harmless agreements and continuity of care provisions. Through the reinsurance compnay \$5,00	greements:		s in event of
	insolvency.	aoto nave	s note that mices agreements and continuity of care provisions. Through the following compiler y \$6,50		oonline dition of bonone	o in event of
	Does the report If no, give detai		set up its claim liability for provider services on a service date basis?			Yes[X] No[]
8.	Provide the follo	owing info	ormation regarding participating providers:			
	8.1 Number of	providers	s at start of reporting year s at end of reporting year			11,049 13,168
9.1	Does the report	ting entity	have business subject to premium rate guarantees?			Yes[] No[X]
9.2	If yes, direct pre 9.21 Business	emium ea with rate	guarantees between 15-36 months guarantees over 36 months			0
						0
	2 If yes:	·	ty have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?		•	Yes[] No[X]
	10.22 Amount	actually	nt payable bonuses paid for year bonuses		\$	0
	10.23 Maximu 10.24 Amount	m amour actually	nt payable withholds paid for year withholds		\$ \$	0
11.1	1 Is the reporting 11.12 A Medic	g entity o	rganized as:			V
	11.13 An Indiv	∕idual Pra	//Staff Model, actice Association (IPA), or, combination of above)?			Yes[] No[X] Yes[] No[X]
11.2		Yes[] No[X] Yes[X] No[]				
11.3	3 If yes, show the Arkansas	ne name	ubject to Minimum Nét Worth Requirements? of the state requiring such net worth.			
11.4 If yes, show the amount required. 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?						5,480,904 Yes[X] No[]
11.6 If the amount is calculated, show the calculation. Net Worth requirement of \$100,000 plus certain RBC requirements of the State. The RBC calculations are included with this filing						
12.			ich the reporting entity is licensed to operate:	•		
1 Name of Service Area						
entire state of Arkansas, 75 counties						
40	1 D :					Variable DO
13.2	2 If yes, please	provide t	ian for health savings accounts? he amount of custodial funds held as of the reporting date:		\$	Yes[] No[X] 0 Yes[] No[X]
13.3 Dó you act as an administrator for health savings accounts? 13.4 If yes, please provide the balance of the funds administered as of the reporting date:						0

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2013	2012	2011	2010	2009
BALANCE SHEET (Pages 2 and 3)			40.004.04=	44===	
1. TOTAL Admitted Assets (Page 2, Line 28)					
2. TOTAL Liabilities (Page 3, Line 24)					
3. Statutory surplus					
4. TOTAL Capital and Surplus (Page 3, Line 33)	12,820,591	12,930,502	18,819,075	23,163,596	21,712,122
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)					
6. TOTAL Medical and Hospital Expenses (Line 18)					
7. Claims adjustment expenses (Line 20)					
8. TOTAL Administrative Expenses (Line 21)	16,606,725	15,382,328	16,119,665	15,319,258	13,438,796
9. Net underwriting gain (loss) (Line 24)	(3,893,730)	(6,597,453)	(4,839,768)	1,732,851	1,972,808
10. Net investment gain (loss) (Line 27)	250,592	394,398	269,383	356,145	463,290
11. TOTAL Other Income (Lines 28 plus 29)	53,755	25,695		(1)	(2)
12. Net income or (loss) (Line 32)	(3,589,383)	(6,177,360)	(4,559,308)	2,039,595	2,393,868
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(10,769,776)	(2,746,218)	(2,772,110)	5,924,256	4,769,763
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	12,820,591	12,930,502	18,819,075	23,163,596	21,712,122
15. Authorized control level risk-based capital	5,462,471	5,692,025	5,631,778	5,533,355	4,733,565
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	41,256	44,550	45,067	49,625	44,017
17. TOTAL Members Months (Column 6, Line 7)	495,442	542,687	569,492	567,122	482,872
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line					
19)	87.7	89.0	88.5	85.2	84.2
20. Cost containment expenses	2.6	2.6	2.1	2.3	2.5
21. Other claims adjustment expenses	2.0	1.4	1.3	0.9	0.9
22. TOTAL Underwriting Deductions (Line 23)					
23. TOTAL Underwriting Gain (Loss) (Line 24)					
UNPAID CLAIMS ANALYSIS		,	, ,		
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	17,758,675	14,536,223	13,127,677	8,869,551	6,524,255
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , .	.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA					
Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain::

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

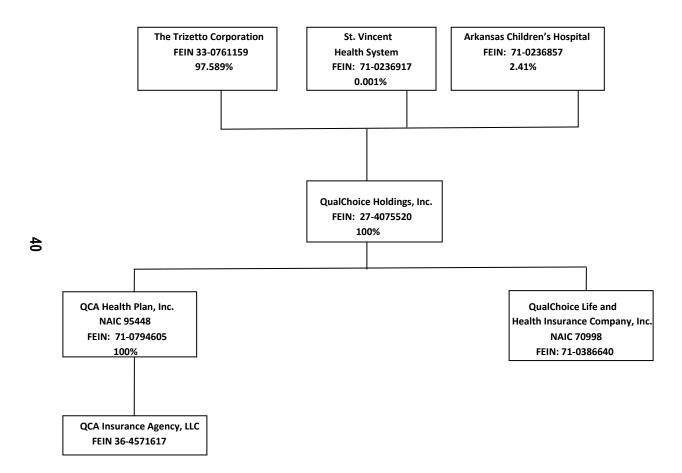
		Ι	ALLUCA	IED BY	HAIES A	ND TERRI				
		1	2	2	4	Direct Busin	ness Only 6	7		9
		Author	2 Accident	3	·	Federal Employees Health	Life & Annuity Premiums &	Property/	8 Total	
	State, Etc.	Active Status	& Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Benefits Plan Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)									
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)		. 140,669,678			2,041,490			. 142,711,168	
5. 6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)	N .								
10.	Florida (FL)									
11. 12.	Georgia (GA)									
13.	Hawaii (HI)ldaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)	N .								
17.	Kansas (KS)									
18.	Kentucky (KY)									
19.	Louisiana (LA)									
20. 21.	Maryland (MD)									
22.	Massachusetts (MA)									
23.	Michigan (MI)									
24.	Minnesota (MN)	N .								
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28. 29.	Nebraska (NE) Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)	N .								
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36. 37.	Ohio (OH) Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)									
41.	South Carolina (SC)	N .								
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Texas (TX)									
45. 46.	Utah (UT) Vermont (VT)									
47.	Virginia (VA)									
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53. 54.	Guam (GU) Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)	XXX								
59.	Subtotal	XXX	. 140,669,678			2,041,490			. 142,711,168	
60.	Reporting entity contributions for	V V V								
61	Employee Benefit Plans	(2) 1	140 660 670			2.044.400			1/10 714 100	
61.	TOTAL (Direct Business) AILS OF WRITE-INS	(a)1	. 140,669,678			2,041,490			. 142,711,168	
5801.		XXX								
5802.		XXX								
5803.		XXX								
1	Summary of remaining write-ins									
	for Line 58 from overflow page	XXX								
5899.	TOTALS (Lines 5801 through	V V V								
	5803 plus 5898) (Line 58 above) .	XXX								

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

⁽a) Insert the number of L responses except for Canada and Other Alien. Explanation of basis of allocation of premiums by states, etc.:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	
Assets	. 2
Cash Flow	. 6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
Jurat Page	
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	
Schedule A - Part 2	
Schedule A - Part 3	
	SI02
Schedule B - Part 1	
Schedule B - Part 2	
Schedule B - Part 3	
	SI02
Schedule BA - Part 1	
Schedule BA - Part 2	
Schedule BA - Part 3	
Schedule BA - Verification Between Years	
Schedule D - Part 1	
Schedule D - Part 1A - Section 1	
Schedule D - Part 1A - Section 2	
Schedule D - Part 2 - Section 1	
Schedule D - Part 2 - Section 2	
Schedule D - Part 3	
Schedule D - Part 4	
Schedule D - Part 5	
Schedule D - Part 6 - Section 1	
Schedule D - Part 6 - Section 2	
Schedule D - Summary By Country	
Schedule D - Verification Between Years	
Schedule DA - Part 1	
Schedule DA - Verification Between Years	
Schedule DB - Part A - Section 1	
Schedule DB - Part A - Section 2	
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	
Schedule DB - Part B - Section 2	
Schedule DB - Part C Section 1	
Schedule DB - Part C - Section 1	
Schedule DB - Part C - Section 2 Schedule DB - Part D - Section 1	
Schedule DB - Part D - Section 1 Schedule DB - Part D - Section 2	
Uniequie סם - I ait D - Octiliii Z	∟∠ى

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Indepwriting and Investment Evhibit - Part 3	1/